State Of Delaware 911 Emergency Information

This information is confidential. It is for use by 911 centers only.

Print this form out, complete and send to: State of Delaware 911 Administration - P.O. Box 818 - Dover, De 19903 or fax to: (302) 739-4874. For questions, please call (302) 744-2682.

County: ___New Castle ___Kent ___Sussex

This is the telephone number from which an emergency call might come:
(302)_____ This is ___Voice ___TTY ___Both
(302)_____ This is ___Voice ___TTY ___Both

Street address:_____

_____

City:_____ State DE Zip_____

These are the people in this residence who may need assistance:

Person #1: ___ Male ___Female Date of Birth:_____

___Deaf/Hard of Hearing
___Uses Wheelchair
___Confined to Bed
___Cardiac Condition
___Epilepsy
___Speech Impairment
___Blind/Visually Impaired
___Uses Crutches/walker/Braces
___Mental Retardation
___Mental Illness
___Chronically Obese
Other:_____

If situation is temporary, when will this information no longer be true? _____

Person #2: ___ Male ___Female Date of Birth: _____

___Deaf/Hard of Hearing
___Uses Wheelchair
___Confined to Bed
___Cardiac Condition
___Epilepsy
___Speech Impairment
___Blind/Visually Impaired
___Uses Crutches/Walker/Braces
___Mental Retardation
___Mental Illness
___Chronically Obese
Other: _____

If situation is temporary, when will this information no longer be true? _____

This residence has: ___Doorbell Flasher ___Service Dog

___Oxygen Tank ___Guard Dog

If a resident is confined to bed or otherwise immobile, this is the room in the home where the person is generally located (please describe):

_____

If some residents in the home use a language other than English, please list here:

_____

Additional information about this residence, the people in it, alternative communication devices that might be used or potential hazards that emergency responders might need to know:

_____

Person responsible for filling out this form:

Name:_____

Agency (if applicable):_____

Address:_____

_____

City:_____ State: DE ZIP:_____

Telephone:_____This is ___Voice ___TTY ___Both

Signature;_____ Date:_____

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